



City of Groveland

Public Records Request

Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Please list below the record(s) you are requesting:

This section to be completed by City of Groveland personnel.

Date received: _____ Date completed: _____

Requestor notified on _____ at _____ a.m. / p.m.

Total pages: _____ x .15 = \$ _____